

Children's Social, Emotional & Behavioral Health Plan



Public Forum Presentation
November 16, 2005



Overview

- Public Forum Format
- Senate Enrolled Act 529
- Children's Social, Emotional and Behavioral Health Plan
 - Interagency Task Force
 - Expectations
 - Barriers
 - Goals and Strategies

Public Forum Format





Public Forum Format

- This is the first Public Forum on the Children's Social, Emotional and Behavioral Health Plan.
- We are very interested in your comments and questions regarding the Plan.
- After a brief presentation we welcome those who are interested to use a microphone and make comments about the Plan during the session today.



Public Forum Format

■ Written Questions and Comments

- There are index cards available for your questions and comments.
- Please make sure that you turn the cards in to one of our Interagency Task Force members prior to leaving today.
- A Frequently Asked Questions document will be compiled based on the cards and will be available at
<http://www.doe.state.in.us/exceptional/TaskForce.html>.



Public Forum Format

- We will also accept pre-written comments and questions.
- If you would like to turn in comments after the Public Forum please email your comments to campbell@doe.state.in.us by ***December 1, 2005.***

Senate Enrolled Act 529





Senate Enrolled Act 529

Chapter 16

- In the 2005 legislative session, our elected officials saw the need for a comprehensive children's mental health plan and passed Senate Enrolled Act 529, which includes a chapter regarding children's mental health services.



Senate Enrolled Act 529

Chapter 16

- The legislation calls for the State of Indiana (with IDOE as the lead agency) to develop a Children's Social, Emotional and Behavioral Health Plan, containing short-term and long-term recommendations to provide comprehensive, coordinated mental health prevention, early intervention, and treatment services for children from birth (0) through age 22.



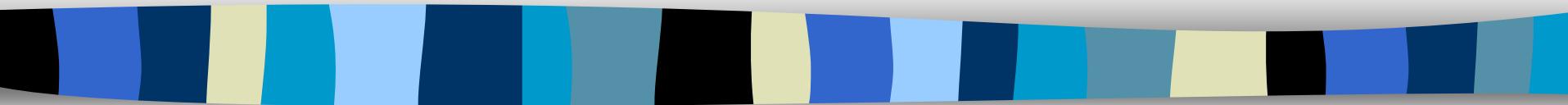
Senate Enrolled Act 529

Chapter 16

■ It also calls for:

- The adoption of joint rules under IC 4-22-2, concerning the children's social, emotional, and behavioral health plan.
- Hearings on the implementation of the plan before adopting joint rules under this chapter.

Children's Social, Emotional and Behavioral Health Plan





Interagency Task Force

- An interagency team has been formed which includes members from:
 - Department of Education
 - Department of Child Services
 - Department of Corrections
 - Division of Mental Health and Addiction, FSSA
 - Medicaid, FSSA
 - Department of Health
 - Governor's Office



Interagency Task Force

- Plan is available at <http://www.doe.state.in.us/exceptional/TaskForce.html>
- The Task Force will use this website for all communication related to the Plan.



Expectations of the Plan

- The Interagency Task force envisions a comprehensive, coordinated children's mental health system comprised of prevention, early intervention, and treatment across all state systems.
- Specifically, there are five expectations for the plan:
 - Better agency coordination
 - Early identification and intervention
 - Identification of ways to use resources wisely
 - Improve the process to receive services
 - Educate stakeholders regarding mental illness



Identified Barriers

- In most states and communities, significant barriers to mental health care services exist, and include fragmentation of services, high service costs, provider and workforce shortages, lack of availability of services, and stigma associated with mental illness.
- The Task Force identified Indiana specific barriers. These include the lack of funding, coordination, support, and early intervention initiatives.



Topics Covered by the Plan

- First meeting covered an inventory of existing systems which is still under development.
- The Plan covers assessment and screening, accountability and outcome measurement, finance and budget, best practices, referral networks, school standards, workforce development, and training.
 - So far we have covered the first three.
- The Plan makes recommendations on these topics and provide ideas for implementation.



Assessment and Screening

- Prevalence studies indicate that almost 21% of children, ages 9 to 17, meet the criteria for a mental health diagnosis.
 - 11% of that population has a *significant* functional impairment.
 - When *extreme* functional impairment is the criterion, the estimates are 5% of all children.
- These children experience significant impairments at home, at school, and with peers.
- For these children, early detection through screening can help.

Source: HHS, 1999; Shaffer et al., 1996.



Assessment and Screening

- Assessment versus screening
 - Screening describes a relatively brief process designed to identify youth at risk of having disorders that warrant immediate attention, intervention, or more comprehensive review.
 - Assessment is a comprehensive, individualized examination that is a lengthy and labor intensive.



Assessment and Screening

- Screening in child service settings, such as primary health care, child welfare, juvenile court/probation, and detention centers, can quickly identify youth who may have mental health or substance abuse needs.
- When possible behavioral health needs are identified, further assessment through a mental health specialist is recommended.
- Parental involvement and approval is essential in the screening, assessment, and treatment processes.



Assessment and Screening

- Much of the work on choosing an assessment tool was completed prior to SEA 529.
- The cross system Assessment Committee recognized that a standardized assessment process and instrument can serve multiple purposes.
- The Assessment Committee reviewed several tools and recommends using a comprehensive version of the Child and Adolescent Needs and Strengths (CANS) to assess the strengths and needs of children aged 0-22 and their families across systems.



Assessment and Screening

- **Goal:** Establish standards for mental health assessments for children in all state systems.
 - **Strategy 1:** Differentiate between assessment and screening.
 - **Strategy 2:** Build upon the work of the Assessment Committee.
 - **Strategy 3:** Define current State Agency process for assessment.
 - Ensure parental consent for all assessments.
 - **Strategy 4:** Recommend use of the CANS as the assessment tool.



Assessment and Screening

- In order to implement the CANS, the following must occur:
 - Adequate funding is required to ensure access to a range of services.
 - The CANS must be tailored to Indiana's needs.
 - Training and certification of individuals using the tool must be designed and implemented.
 - A data management and quality management process (audit) must be designed.
 - Algorithms (patterns of CANS results) must be determined to establish criteria for different levels of service, such as the state hospital, Home and Community Based Medicaid Waiver, intensive community based or outpatient services.



Accountability & Outcome Measurement

- The plan must address shared accountability among state agencies in order to:
 - conduct ongoing needs assessments;
 - use outcome indicators and benchmarks to measure progress; and
 - implement quality data tracking and reporting systems.



Accountability & Outcome Measurement

- **Goal:** Responsible systems are accountable to provide a network of collaboration that assures that children and families receive needed social, emotional and behavioral health services.
 - **Strategy 1:** Establish procedure for Needs Assessment.
 - **Strategy 2:** Utilize indicators, outcomes and benchmarks to measure progress.
 - **Strategy 3:** Implement quality data tracking and reporting systems.
 - **Strategy 4:** Functionalize consistent nomenclature (set of terms for a particular discipline) across systems.



Accountability & Outcome Measurement – Strategy 1

- Establish procedure for Needs Assessment.
- Needs assessments are important because:
 - The cost of providing services is rising and the resources available for care are limited.
 - Many people have inequitable access to adequate services, and many governments are unable to provide such care universally.
 - There is a large variation in availability and use of services by geographical area.
 - Public expectations have led to greater concerns about quality of services.



Accountability & Outcome Measurement – Strategy 2

- Utilize indicators, outcomes and benchmarks to measure progress.
- Because of the increasing focus on accountability, clinicians, healthcare providers and administrators are interested in determining the outcomes of care.
- In order to effectively measure outcomes, the state must build consensus on outcomes through a public forum. State agencies must work with community partners to establish appropriate indicators, outcomes, and benchmarks.



Accountability & Outcome Measurement – Strategy 3

- Implement quality data tracking and reporting systems.
- There are many issues surrounding data:
 - Data are not consistent and not readily available;
 - Data may not contain all encounters;
 - Data primarily collect financial information on an individual;
 - Wide variance in different geographic regions;
 - Variability in nomenclature; and
 - Variance in expenditures for particular services.



Accountability & Outcome Measurement – Strategy 4

- Functionalize consistent nomenclature (set of terms for a particular discipline) across systems.
- Nomenclature refers to a system or set of terms for a particular discipline.
- Every state agency involved in providing services to children uses their own set of terms for diagnoses and services.
- In order to ensure we are providing a continuum of services, we need to identify the disparate nomenclature and establish shared terms across agencies.



Finance and Budget

- The Plan calls for a state budget for children's social, emotional, and mental health prevention and treatment.
- The Plan calls for recommendations as to how state agencies and local entities can obtain federal funding and other sources of funding.
- The two broad finance and budget goals address systems and equity issues.



Finance and Budget

- It is important to note that the Task Force has focused on making recommendations based on a best case scenario.
- The federal government may change funding levels and sources at any time and that may make some of the goals and strategies unattainable for Indiana.



Finance and Budget

- **Goal 1 - SYSTEMS:**

Maximize current investments and leverage available funds to ensure children receive the services they need.

- **Goal 2 - EQUITY:**

Children should receive services based on individual needs and strengths regardless of availability of funding.



Finance and Budget – Goal 1

- Maximize current investments and leverage available funds to ensure children receive the services they need by:
 - Ensuring families and parents have access to information regarding eligibility and available services;
 - Creating a central reimbursement entity to ensure collaborative funding involving DMHA, DCS, DOE, DOC (and other relevant agencies);
 - Examining a tiered approach to services based on levels of intensity;
 - Maximizing access federal funds;
 - Maximizing education funding;
 - Exploring use of Medicaid to ensure that children receive appropriate mental health services; and
 - Identifying necessary legislative changes.



Finance and Budget – Goal 2

- All children should receive services based on individual needs and strengths regardless of availability of funding by:
 - Examining eligibility and determining if state imposed eligibility can be changed and/or broadened;
 - Focusing on non-Medicaid eligible kids who do not have no private insurance and explore mechanisms and strategies for increasing private insurance coverage of children's mental health services;
 - Focusing on early intervention (ages 0-5); and
 - Identifying necessary legislative changes.



Next Steps

- Over the next several months, we will:
 - Continue to refine the draft plan and revise the plan based on your comments.
 - Meet to discuss and make recommendations for best practices, referral networks, school standards, workforce development, and training.
 - Hold public forums for stakeholder input into the Plan.



Next Steps

- The next Public Forum will be on Wednesday, March 22, 2006, from 10:00 a.m. to noon at the Government Center South Auditorium.
- We are considering adding a Saturday Public Forum to ensure participation.
- The plan is due June 1, 2006.

Questions or Comments?

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